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## \*BIBDATASHEET\*

CONFIRMATION NO. 7617

Bib Data Sheet

SERIAL NUMBER 10/697,960	FILING DATE 10/29/2003  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. SAVCOR.1C2P1C1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/698,031 10/29/2003

which is a CIP of 10/127,227 04/19/2002

which is a CON of 09/956,596 09/19/2001 ABN

which is a CON of 09/481,084 01/11/2000 PAT 6,328,699

This application 10/697,960

claims benefit of 60/470,468 05/13/2003

CHL 3/15/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE CHL 3/15/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	34	99	9
Verified and Acknowledged Examiner's Signature: <u>Carl H. Layno</u> Initials: <u>CHL</u>				

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## TITLE

Method for detecting, diagnosing, and treating cardiovascular disease

☐ All Fees☐ 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> <b>1419</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit <b>DEPOSIT ACCOUNT</b> No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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